



Alabama Department of Forensic Sciences  
Toxicological Analysis Request

Hoover/Birmingham Regional Laboratory  
2026 Valleydale Road, Hoover, AL 35244  
Tel (205)-982-9292 Fax (205) 403-2025  
<http://www.adfs.alabama.gov/>

***This kit and form are intended for ONE subject or suspect.***

ADFS

Case No: \_\_\_\_\_

**NAME:** \_\_\_\_\_ Subject ☐ Suspect ☐

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB or Age: \_\_\_\_\_

Date/time of incident: \_\_\_\_\_ County: \_\_\_\_\_

Date/time of collection: \_\_\_\_\_

Type of case or charge: \_\_\_\_\_ Traffic homicide? No ☐ Yes ☐

List current prescriptions (include dose): \_\_\_\_\_

List medications or treatment given after the incident: \_\_\_\_\_

Is there a history of substance abuse? No ☐ Yes ☐ Substance(s): \_\_\_\_\_ Last use (day/time)? \_\_\_\_\_

Describe the incident to include reason for stop, behavior, and signs/indicators of impairment. (Continued on the back ☐)

**IF TRAFFIC-RELATED, ALSO COMPLETE THE FOLLOWING:**

Subject/suspect type: Driver ☐ Passenger ☐ Pedestrian ☐ Bicyclist ☐ Other: \_\_\_\_\_

SFST clues of impairment (Check all that apply)

HGN	<input type="checkbox"/> Number of Clues: _____
One-leg Stand	<input type="checkbox"/> Number of Clues: _____
Walk-and-Turn	<input type="checkbox"/> Number of Clues: _____

DRE Eval: Depressant ☐ Stimulant ☐ Hallucinogen ☐ Dissociative ☐ Narcotic ☐ Inhalant ☐ Cannabis ☐  
(Only fill out if a Drug Recognition Expert Evaluation was performed; Submit FACE sheet) Anesthetic ☐ Analgesic ☐

**SPECIMEN(S) SUBMITTED:** Blood ☐ Oral Fluid ☐

**INVESTIGATING OFFICER (if different than submitter):** \_\_\_\_\_

**EXAMINATION(S) REQUESTED:** \_\_\_\_\_

**SUBMITTED BY:** \_\_\_\_\_

(Title/Name)

(Signature of Submitter)

(Date)

(Agency)

(Telephone)

(Email)

(Street Address)

(Agency Case No.)

(City, State, Zip)

(Agency Property No.)

NOTICE: Evidence is processed in accordance with ADFS standard procedures. As a condition for submission of evidence to be worked by ADFS, the submitter accepts the agreement that deviation from test or calibration methods may occur when determined by ADFS to be technically justified, and that evidence may be processed at any ADFS facility or by a competent ADFS subcontractor.